

2006 SOFTBALL TEAM PLACEMENT FORM

THIS FORM MUST BE SUBMITTED WITH YOUR TEAM ROSTER AT REGISTRATION

Team Name: _____

Manager's Name: _____

Address: _____
City State Zip

Home Phone: () _____ Work Phone: () _____

E-Mail: _____

Other Team Contact: _____ E-Mail: _____

Home Phone: () _____ Work Phone: () _____

- | | | |
|------------------------------|-----|-------------------|
| 1. Local Division requested: | Men | Women |
| 2. Local League preference: | "A" | "B" "C" "D" |

Last year's information:

3. Team Name (if different): _____

4. Number of returning players: _____

2006 Requests/Preferences:

5. Would you prefer more: 6:15pm games 10:00pm games

6. Dates/Times you prefer not to play (no guarantees):

7. Additional comments/requests:

Your response to the above questions will help determine team placement and league schedules for this league. League Supervisors will make all final decisions.